

## CRIME VICTIM ECONOMIC LOSS STATEMENT

Victim Name: \_\_\_\_\_ Defendant Name/Case #: \_\_\_\_\_

### DAMAGES/LOSSES - YOU MUST INCLUDE RECEIPTS OR DOCUMENTS SUPPORTING CLAIMS!

ITEM	VALUE	INSURANCE PAID	YOUR LOSS

Do you expect additional damage/loss expense? YES NO

### MEDICAL EXPENSES (List Each Medical Provider and Cost)

PROVIDER	EXPENSES	INSURANCE PAID	YOUR LOSS

Do you expect additional expenses in the future? YES NO

### COUNSELING (List Doctors, Dates of Sessions and Cost)

DOCTOR	SESSION DATES	YOUR COST

Do you expect to attend future counseling sessions? YES NO

### LOST WAGES ~ A STATEMENT FROM YOUR EMPLOYER IS REQUIRED!

EMPLOYER	HOURS LOST	RATE PER HOUR	TOTAL

Do you expect future lost wages because of this crime? YES NO

### **DID YOU FILE AN INSURANCE CLAIM?** (Fill out this section **ONLY** if you filed a claim with **YOUR INSURANCE**)

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Claim#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Agent & Phone #: \_\_\_\_\_

Have you or are you now in the process of applying for financial assistance through the Victim Compensation Program?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS VICTIM FINANCIAL LOSS STATEMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: VICTIM NOTIFICATION LEGAL ASSISTANT, Coconino County Attorney, 110 E. Cherry Ave., Flagstaff, AZ 86001  
FAX 928-214-6115 PHONE 928-679-8215